

NEVADA DEPARTMENT OF CORRECTIONS

The Department of Corrections is very interested in the reasons people leave its employ. In order to assist the Department to improve its personnel management, we would appreciate your assistance in completing this form.

This form and all items therein will be held in strict confidence. While this information would be of great assistance to us, you are under no obligation to fill this out.

Present Date: _____

Position Held: _____

Resignation Date: _____

Division/Institution: _____

Budget Acct. #: _____

Please indicate your reason(s) for resignation from the Nevada Department of Corrections. Check all items that may apply.

- | | |
|---|---|
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Career Change | <input type="checkbox"/> Enter Military |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Shift/RDO's |
| <input type="checkbox"/> Prefer not to work at this time | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Personal Illness | <input type="checkbox"/> Family Objection to Prison Environment |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Moving Out of Area |
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Excessive Traveling Time |
| <input type="checkbox"/> Accepting Another Job | <input type="checkbox"/> Discontent with Position |
| <input type="checkbox"/> Transfer to Another State Agency | <input type="checkbox"/> Other: _____ |
| (Please Specify) _____ | |

We would like to know how your working conditions were:

- | | |
|---|--|
| <input type="checkbox"/> Satisfactory Working Conditions | <input type="checkbox"/> Unsatisfactory Working Conditions |
| <input type="checkbox"/> Adequate Job Training | <input type="checkbox"/> Conflict with Supervisor/Co-workers |
| <input type="checkbox"/> Unsuitable Work Hours | <input type="checkbox"/> Inadequate Job Training |
| <input type="checkbox"/> Conflict of Interest | <input type="checkbox"/> Lack of Opportunity for Job Advancement |
| <input type="checkbox"/> Potential Risk Involved in Prison Work | <input type="checkbox"/> Other: _____ |

Salary: ☐ Adequate Salary ☐ Inadequate Salary

Are you leaving to accept... ☐ Higher Salary for Similar Position ☐ Higher Salary for Different Position

Please indicate if you are accepting a position in one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Self-Employment |
| <input type="checkbox"/> Employment in Private Industry | |
| <input type="checkbox"/> Employment for Public Employer (City, County, other, please specify) | _____ |

Comments – Please be specific in your comment. Continue on reverse side if necessary:
